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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Pacific Subregion

Proposed UNFPA assistance:	$7.2 million from regular resources; $2.8 million from multi-bilateral and/or regular resources
Programme Period:	4 years (1998-2001)
Cycle of assistance:	Second
Category per decision 96/15:	5 out of 14 are in category "A"; 1 country is in category "B"; 1 country is in category "C"; the remaining countries are not classified.

Proposed assistance by core programme area (in millions of $)

	Regular resources	Other	Total
Reproductive health	6.0	2.6	8.6
Population & development strategies	0.4	-	0.4
Advocacy	0.4	0.2	0.6
Programme coordination	0.4	-	0.4
Total	7.2	2.8	10.0

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1. In order to assist the countries of the Pacific Island subregion achieve their population and development objectives, the United Nations Population Fund (UNFPA) proposes a subregional programme of assistance for a period of four years (1998-2001) in the amount of $10 million, of which $7.2 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2.8 million from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the Fund's second programme of assistance to the 14 countries[1] of the Pacific subregion of which five are in category "A", one in category "B", and one (Fiji) in category "C" according to UNFPA's new approach for resource allocation. The remainder of the countries are not classified.

2. The goal of the proposed programme is to help the Pacific Island countries in their efforts to ensure universal access to quality reproductive health, including family planning and sexual health, services. The programme will address as priorities the high rates of reproductive morbidity and maternal mortality in the island states, the limited outer-island access to reproductive health services, high adolescent fertility levels, low contraceptive prevalence and high fertility rates, and weak health information databases. It will also work with Governments to strengthen national commitment and community support for population-related interventions. In working to consolidate past programme efforts and raise awareness of population and development linkages, an advocacy subprogramme will aim at mobilizing the active support of various groups in these culturally diverse societies. The programme will support limited interventions in the area of population and development strategies designed to strengthen the reproductive health database and to promote the formulation and review of national population policies.

3. The proposed programme is based on intensive national and subregional dialogues with the main actors in the population and reproductive health area in the Pacific Island countries. The programme draws heavily from the recommendations of the programme review and strategy development (PRSD) exercise and the Regional Strategy Development Workshop in which high-level government representatives, regional institutions, other multilateral and bilateral donors and a number of non-governmental organizations (NGOs) participated.

4. Given the tremendous diversity of the Pacific Island countries and the varying degrees of their needs and of the social progress they have achieved, the programme proposes a three-pronged strategy: country-specific interventions to support holistic reproductive health services for category "A" countries (Kiribati, Western Samoa, Solomon Islands, Tuvalu and Vanuatu) and for two other countries with severe population problems (the Marshall Islands and the Federated States of Micronesia); a reproductive health subregional component to address cross-cutting issues and to

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[1] Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu and Western Samoa.

carry out initiatives where economies of scale can be realized; and macro-level advocacy activities that would include limited interventions in key areas of population and development strategies. The overall programme strategy will emphasize adding value and bridging existing gaps by dove-tailing joint interventions with other United Nations agencies and organizations and regional technical institutions. While utilizing the regional and national expertise that is already available, the programme will also include efforts to build national and regional capacities. Fiji will be used as a center for South-South exchange of knowledge and experience. Countries not listed under UNFPA's resource allocation approach will benefit from technical advisory services, subregional undertakings and from the provision of contraceptive supplies.

5. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development, which was endorsed by the General Assembly through its resolution 49/128.

Background

6. The Pacific Island countries face daunting development challenges. The combination of unfavourable trade balances and narrowly-based, slow-growing national economies have placed unprecedented demands on these countries. The high rate of population growth in several of the Pacific Island countries, along with rapid urbanization and environmental degradation have posed serious threats to sustainable development, particularly in the Micronesian and Melanesian countries, with the exception of Fiji. External aid -- the primary source of development financing -- has been declining in recent years. Against this backdrop, Pacific Island countries find themselves in the midst of economic reform and adjustment difficulties.

7. In the Solomon Islands and Vanuatu, social indicators are poor -- low adult literacy and per capita incomes, lack of access to safe drinking water, high maternal mortality and reproductive morbidity. Although most of the population reportedly has access to basic health service, reproductive health services are largely inaccessible to inhabitants of the outer islands and in the interiors of larger islands, as well as to youth and adolescents. Overall, the pattern of expenditures in the Pacific Island countries emphasize tertiary and curative health. While over 70 per cent of deliveries in Pacific Island countries are reportedly attended by trained health personnel, the levels of maternal mortality, especially in the Melanesian countries, would indicate there are great skill gaps among attending personnel.

Demographic trends

8. In keeping with the cultural, linguistic and economic diversity of the subregion, the demographic landscape of the Pacific Island countries features tremendous variety. While Fiji has relatively low fertility and mortality rates, the Marshall Islands, Solomon Islands and Vanuatu have some of the highest net population growth rates in the world. According to a 1995 projection by the South Pacific Commission, the population size in the majority of the countries will have grown by 25 per cent and, in some cases, by over 50 per cent by the year 2010. On the other hand, international out-migration has led to lower and even negative growth rates in some of the Polynesian countries despite natural growth rates of between 2.6 and 3 per cent. Since international migration is mostly by the better educated and more highly skilled, it adversely affects national capabilities.

9. With an increasing urbanization rate, one-third of the population of the Cook Islands, Fiji, Kiribati, the Marshall Islands, Nauru, Tonga and Tuvalu now live in urban areas. The capital cities of the Marshall Islands, Vanuatu and the Solomon Islands are growing annually by 10, 12 and 10 per cent, respectively. As a result, rural areas are losing their human capital, while urban areas are finding it difficult to meet the education, employment and housing demands generated by rapid urban growth. Squatter settlements, unemployment, under-employment, crime and female-headed households are becoming increasingly evident, particularly in Fiji, Kiribati and the Marshall Islands. With the exception of the Marshall Islands (which already has a population policy and associated plan of action), most of the Pacific Island countries are either reviewing or are in the process of drafting population policies.

10. The roles and needs of Pacific women vary widely between countries. As part of the overall progress made in the Pacific Island countries, women's access to education, health care and the labour market has improved, particularly in Fiji, Tonga and Western Samoa. The majority of women in most of the subregion, however, face a number of common issues and concerns, including their lack of access to adequate health care, higher education and employment opportunities. There is a disparity in male-female enrolments in tertiary training in, for example, Vanuatu and the Solomon Islands, where women have a post-secondary enrolment of only 7 per cent and 23 per cent, respectively. Reported cases of domestic violence and rape are on the rise throughout the subregion. Moreover, sociocultural traditions still inhibit women's advancement by defining fertility behaviour and limiting access to reproductive health services. Although most of the constitutions of the Pacific Island countries promote freedom from discrimination based on gender, customary laws, attitudes and practices sometimes interfere with their application.

11. The health status of women varies throughout the region and between urban and rural communities. The Melanesian group (again with the exception of Fiji) experiences some of the highest rates of maternal morbidity, particularly ante-, intra- and post-partum haemorrhage and puerperal sepsis. Furthermore, the number of officially reported cases of HIV/AIDS is on the rise, particularly among the 20-35 age group. HIV infection has been reported in most of the Pacific

Island countries included in the proposed programme, with the highest number being in Fiji. HIV/AIDS cases appear, however, to be under-reported.

12 . Over 35 per cent of the region's population is under 15 years of age – 40 per cent for the Melanesian group. The median age of two-thirds of the Pacific Island countries is less than 20 years. High teen-age pregnancy rates are prevalent in almost all the countries. According to a health sector review for the years 1990-1994, teen-age pregnancies accounted for 15 per cent of all pregnancies. Reproductive health services are often inaccessible to youth and adolescents. The sociocultural context has made it difficult to deliver family planning information and services to this vulnerable segment of the population. Lack of confidentiality, limited knowledge and the threatening nature of many of the established institutions have adversely affected family planning acceptance by adolescents.

Previous UNFPA assistance

13. UNFPA has been supporting the Pacific Island countries through various projects since the early 1970s. The first comprehensive population programme was approved for the period 1992-1996 in the amount of $12.5 million. During the period of the first country programme, multi-bilateral funding was provided by the Australian Agency for International Development (AusAID) in the amount of $1.7 million. The first programme comprised several country-level and four regional-level projects. By the end of 1996, approximately $13 million had been expended. The multi-bilateral funding from AusAID supported, among other things, maternal and child health and family planning (MCH/FP) projects in priority countries and a regional project on population and environment that aimed at incorporating population dimensions in environment-related training and awareness-raising activities in 12 Pacific Island countries. The UNFPA programme was extended through 1997 with additional funding of $3.1 million, which brought the overall total of the first cycle to $15.6 million. The activities undertaken during the programme extension in 1997 were designed to pave the way for the proposed programme, including carrying out preparatory work for research on women's health needs, patterns of morbidity and adolescent fertility. Other activities have included information, education and communication (IEC) and advocacy strategy formulation and regional-level training.

14 . UNFPA's first programme of assistance contributed to the institutionalization of population studies in the University of the South Pacific, the integration of MCH/FP into various ministries of health and the institutionalization of population education in the College of Micronesia as well as in secondary schools in Fiji and the Marshall Islands. It also contributed to reducing fertility in the subregion and to a modest increase in contraceptive prevalence rates (CPR). Moreover, the programme supported training of a wide range of health professionals and enhanced population dialogue and policy reviews in all of the priority countries. Follow-up initiatives to the ICPD have triggered plans for the establishment of population committees in eight Pacific Island countries.

15. Although accurate assessment of reproductive health conditions in the Pacific Island countries is hampered by a paucity of data on health conditions, various sectoral reviews and WHO assessments have shown that there are high fertility and reproductive morbidity rates in most of the countries as well as high maternal mortality rates, especially in the Melanesian countries. Despite the integration of MCH/FP into primary health care services, access to reproductive health care is limited, especially in the outer islands, and there are considerable unmet needs throughout the region. The PRSD mission thus recommended that stress be given to developing skills in reproductive health service delivery; expanding the accessibility of services, including to adolescents; promoting reproductive health policy development; and assisting in providing a constellation of services.

16. The 1997 PRSD mission concluded that past IEC efforts have been hampered by the multiplicity of languages and cultures in the subregion. Community participation in population programmes, and particularly in family planning, has been low and misconceptions abound. The absence of culturally appropriate IEC approaches has severely limited effective utilization of reproductive health programmes. There is little sociocultural or empirical anthropological information that could be used for effective IEC. Ignorance about the risks associated with unprotected sexual activity and its consequences are widespread among youth. Moreover, male participation in family planning is very low, with the exception of Kiribati.

17. The PRSD exercise concluded that the implication of population issues for development and their relevance to family and individual well-being is not widely understood in the region. Some NGOs have been active in the promotion of selected ICPD recommendations, particularly those pertaining to gender equality and the empowerment of women. Despite such efforts, awareness of the ICPD Programme of Action is very limited, and there is little media coverage of population issues, which is also reflected in the low priority sometimes accorded population and reproductive health issues in political decision-making bodies.

18. UNFPA has been supporting population-related activities in the Pacific Island countries for nearly 20 years and has built up a large store of trust and experience. The Fund is the major multilateral donor supporting population programmes in the subregion. This is particularly so for reproductive health care and related advocacy activities. It is also worth noting that UNFPA is essentially the sole provider of a wide range of contraceptive supplies. UNFPA has also taken the lead in helping to extend reproductive health services to youth and adolescents.

Other external assistance

19. Other than UNFPA, support for reproductive health activities comes mainly from AusAID, New Zealand, UNICEF and the International Planned Parenthood Federation (IPPF). UNICEF's involvement in reproductive health has been mainly in awareness-raising activities and the promotion of breast-feeding. AusAID has been supporting ministries of health in upgrading family planning clinics; its assistance in the area of health and family planning reached almost $20 million in 1995-

1996. AusAID has been supporting a population and demography project executed by the South Pacific Commission and is expected to provide $1.4 million for this for three years, beginning in 1998. Moreover, AusAID is collaborating with Japan on a major health promotion project in Fiji. AusAID is reviewing with New Zealand areas of future focus and the best mechanisms for channeling aid.

20. UNFPA and other donor assistance to the population and reproductive health sector has shown that the participation of NGOs, religious leaders, community groups and trained middle-level health professionals are all critical for ensuring social acceptance of family planning and other reproductive health services. Also, operationalization of reproductive health services requires effective referral systems at the primary health care level along with multi-functional health professionals working at secondary levels of health care. Another lesson learned is that small and numerous projects, although worthy in themselves, do not usually have much impact over time. Moreover, a multiplicity of projects renders monitoring and follow-up difficult and burdens government administrations that are already stretched by the demands on their time and resources.

Proposed programme

21. Given the tremendous diversity of countries in the subregion, the programme proposes country-specific reproductive health interventions for category "A" countries as well as for the Federated States of Micronesia (the only country in category "B") and for the Marshall Islands, which is experiencing severe population-related problems. Considering the relative progress achieved in Fiji and the capacity of its regional training institutions, e.g., the University of the South Pacific and the Regional Nursing School, Fiji would be used as learning centre for South-South cooperation activities, and the programme will help to strengthen the capacities of the regional institutions located there. Key issues in the remainder of the countries will be addressed through interventions to be undertaken at the subregional level and through technical assistance and the provision of contraceptives. At the subregional level, the programme will support training through the regional institutions, activities warranted by economies of scale such as IEC material development, and advocacy for population issues and programmes.

22. The programme focus will be on the reduction of reproductive morbidity and adolescent fertility and on the high rate of maternal mortality in Melanesian countries. These objectives will be achieved by building national capacities for the delivery of quality reproductive health care services, including related IEC and awareness-raising activities. The advocacy subprogramme will concentrate on public education, information dissemination and on population leadership building at various levels. Furthermore, within the framework of population and development strategies, the programme proposes to strengthen the health database, undertake sociocultural research to determine the unmet needs and determinants of family planning acceptance as well as to promote the formulation and review of population policies. The latter will be supported mainly through technical advisory services. The programme will adopt a holistic and pragmatic approach that builds on what already

exists. Approximately 86 per cent of the proposed funds would be for reproductive health activities, 4 per cent for population and development strategies, 6 per cent for advocacy and 4 per cent for programme coordination and assistance.

23. Reproductive health. Given the number of countries covered by the proposed programme and the varying degrees of needs and priorities, undertakings in reproductive health care will have a two-track strategy. A subregional reproductive health component will address cross-cutting issues and those warranted by economies of scale. Such issues include research; assessment of unmet needs, and levels and trends of reproductive morbidity; certificate and diploma-level training; and training in the management of service quality and in family planning technology. Country-level activities for those countries mentioned in paragraph 20 above will vary. The priorities at the central level will emphasize skills development for emergency obstetric care and building management and technical capacity. In the larger outer islands, emphasis will be on skill development of midwives in labour and safe delivery and for prenatal and post-partum care. The programme will actively promote functional integration of reproductive health services into the primary health care system through training of key multi-skilled personnel and will also work to strengthen referral systems.

24. The countries that are not classified in the resource allocation system will be supported through the subregional component of the reproductive health subprogramme. In addition, selected support would be given to address reproductive health needs in selected segments of the rural population. In both the country-specific and subregional reproductive health components, increasing emphasis will be given to promoting a life-cycle approach, generating demand for family planning services and providing a full range of contraceptives. They will also emphasize client education and the provision of client-centred, gender-sensitive services. Performance indicators and quality monitoring mechanisms will be established and intensive advocacy for reproductive health service utilization would be actively pursued.

25. In order to address women's health issues, the subregional reproductive health component will encourage the development of culturally appropriate IEC materials and the development of an IEC and advocacy strategy for gender issues. The country-specific interventions will promote community-based training in human reproduction, sexuality and family planning and the effective involvement of NGOs in a wide range of IEC and reproductive health advocacy activities. They will also promote peer counseling and interactive communication approaches for adolescents, youth and men in non-threatening settings. Moreover, specific efforts will be deployed to provide youth and women with technical and research information to enhance informed decision-making.

26. Advocacy. Concerted advocacy efforts are needed to promote incremental implementation of the Programme of Action of the ICPD. The advocacy subprogramme will therefore aim at working with Governments to increase awareness of population issues among community, local government, and legislative decision-makers. It will support this through information dissemination and public education in population and development issues. In collaboration with other United

Nations agencies and organizations, the programme will utilize traditional and modern communications media to promote awareness of the value of gender equity, equality and the empowerment of women. If multi-bilateral funding becomes available, a portion will be used to incorporate a population and environment theme in the advocacy components of the proposed programme.

27. Population and development strategies. The strengthening of reproductive health services in the Pacific Island countries needs to be backed by integrated population and development planning that takes into account population dynamics in the region and the demand for health services that it generates. UNFPA will complement AusAID's continued support for a population and demography project that will be executed by the South Pacific Commission. UNFPA support in the area of population and development strategies will focus on activities that will contribute to the overall reproductive health goals of the programme, such as sociocultural research and training for the integration of population into development planning. Given that some of the countries will be conducting population censuses in the year 2000, UNFPA will provide technical advisory support that will help establish a common census questionnaire for the priority countries.

Programme implementation, management, monitoring and evaluation

28. The programme components will have built-in evaluation mechanisms. A regional monitoring mechanism will be developed to assess progress in the implementation of ICPD goals. A technical review of the reproductive health components focusing on qualitative improvements will be undertaken in April 1999, and a mid-term programme review is envisaged for the year 2000. The measurements of service quality will not only be from a medical perspective but will also seek to determine how well the reproductive health services being supported reflect gender sensitivity, confidentiality, and client privacy and dignity. The criteria for judging effectiveness will include the evidence of effective coverage; the extent to which reproductive health service delivery points are created for youth and the number of existing services that become youth-friendly; and the extent to which women's needs and perception are incorporated into the services. To this end, the programme will support follow-up surveys on women's health needs, which will include their perception of existing services, and on adolescent fertility. This will be followed by another survey to assess programme impact, including the percentage decrease of teen-age pregnancy. Joint assessments and evaluations with other United Nations agencies and organizations will be actively promoted. UNFPA will also provide technical inputs to enable national bodies to oversee, coordinate and monitor their own population and development programmes.

29. The primary responsibility for programme coordination will rest with the Governments of Pacific Island countries. UNFPA will collaborate with other United Nations agencies and regional organizations in order to strengthen coordination of their respective programmes. In this connection, dialogue has been initiated among the United Nations agencies in the Pacific to make available, under

the Resident Coordinator, a common socio-economic database, including health and population data, by the year 2001. Through the already established inter-agency theme group, joint follow-ups to the prevention of HIV/AIDS would be undertaken. To the extent possible, cross-cutting issues such as advocacy for policy coordination, gender equity, youth development and environmental protection will be jointly promoted with other United Nations partners. UNFPA will work with UNICEF in community health promotion, advocacy for youth and women and selected training in reproductive health areas. UNIFEM will be closely involved in UNFPA's efforts in mainstreaming women's concerns; joint action will be undertaken, for example, in case studies on the causes and consequences of domestic violence.

30. UNFPA will step up efforts for promoting and enabling national execution of programme activities. The World Health Organization (WHO) will continue to assist in the execution of parts of the reproductive health subprogramme along with such international NGOs as Family Health Initiatives (Canberra), Family Planning International (New Zealand), the International Council on the Management of Population Programmes and the IPPF. Regional institutions, such as the Fiji School of Medicine and the Regional Nursing School, will be involved. UNFPA will collaborate with new NGO partners such as "Youth to Youth" in the Marshall Islands, the Development Trust in Solomon Islands and women's NGOs in Fiji, Solomon Islands and Vanuatu. United Nations specialized agencies, the University of South Pacific, the South Pacific Commission, and additional international and national NGOs will participate, as appropriate, in the overall implementation of the programme.

31. The proposed programme will be managed by the UNFPA Representative who is assisted by two national programme officers, two national programme assistants and three support staff. The regional office covers 14 countries and programme monitoring is one of its essential tasks. In order to facilitate effective monitoring and to address the need for having regular feedback and periodic reporting, UNFPA has initiated dialogue with authorities in priority countries to put in place national programme coordinators within appropriate ministries.

Recommendation

32. The Executive Director recommends that the Executive Board approve the subregional programme of assistance to the Pacific Island countries, as presented, in the amount of $10 million over the period 1998-2001, $7.2 million of which would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of $2.8 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.